

Medicare/Medicaid Provider Cross-Reference Form

Complete all of the information below and return to ACS by **October 14, 2005**.

Medicare Number	Effective Date	Provider Name	DC Medicaid Number	Pay To Name

EXAMPLE: Doctor Smith works at ABC clinic, XYZ clinic, and has a private practice. The Medicare provider number assigned to him to bill services he provides at the ABC clinic is 1111111, the Medicare provider number assigned to him to bill services he provides at the XYZ clinic is 2222222, and the Medicare provider number assigned to him for billing his private practice is 3333333. He would provide the DC Medicaid Program the following information:

Medicare Number	Effective Date	Provider Name	DC Medicaid Number	Pay To Name
1111111	01/01/2000	John Smith	7777777	ABC Clinic
2222222	01/01/2000	John Smith	7777777	XYZ Clinic
3333333	01/01/2000	John Smith	7777777	John Smith

Please use one form for each provider. If you have any questions, please contact Provider Enrollment at 202-906-8318 (inside DC Metro area) or 866-752-9231 (outside DC Metro area).

Signature

Date

Return to:
 ACS State Healthcare
 P.O. Box 34761
 Washington, DC 20043-4761
 Fax: 202-906-8399

Medicare/Medicaid Provider Cross-Reference Form

Complete all of the information below and return to ACS by Friday, June 17, 2005.

Medicare Number	Effective Date	Provider Name	DC Medicaid Number	Pay To Name

EXAMPLE: Doctor Smith works at ABC clinic, XYZ clinic, and has a private practice. The Medicare provider number assigned to him to bill services he provides at the ABC clinic is 111111, the Medicare provider number assigned to him to bill services he provides at the XYZ clinic is 222222, and the Medicare provider number assigned to him for billing his private practice is 333333. He would provide the DC Medicaid Program the following information:

Medicare Number	Effective Date	Provider Name	DC Medicaid Number	Pay To Name
111111	01/01/2000	John Smith	777777 11	ABC Clinic
222222	01/01/2000	John Smith	777777 22	XYZ Clinic
333333	01/01/2000	John Smith	777777 33	John Smith

Please use one form for each provider. If you have any questions, please contact Provider Enrollment at 202-906-8318 (inside DC Metro area) or 866-752-9231 (outside DC Metro area).

Signature _____

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